



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION

**PROOF OF SUPERVISION OF ASSISTANT BEHAVIOR ANALYSTS**

**INSTRUCTIONS**

**USE BLACK INK**

- This form must be typed or printed legibly
- Provide complete information. Incomplete information will delay the application process.
- Requires the date and signature of both the Assistant Behavior Analyst and the supervising Behavior Analyst.

Return form to:  
Behavior Analyst Advisory Board  
3605 Missouri Boulevard  
PO Box 1335  
Jefferson City MO 65102-1335  
Telephone: (573) 526-5804  
TDD 1-800-735-2966  
e-mail: ba@pr.mo.gov

**NOTE: A completed Proof of Supervision form must be completed for each licensed behavior analyst supervising you.**

**SECTION I - SUPERVISEE DATA - TO BE COMPLETED BY SUPERVISEE - MUST BE TYPED**

1. NAME (FIRST, MIDDLE, MAIDEN, LAST)		2. SOCIAL SECURITY NUMBER
3. ADDRESS (STREET, CITY, STATE, ZIP)		
4. OFFICE TELEPHONE	5. CELL PHONE	

**SECTION II - SUPERVISOR DATA - TO BE COMPLETED BY SUPERVISOR - MUST BE TYPED**

6. NAME (FIRST, MIDDLE, MAIDEN, LAST)		7. MISSOURI LICENSE NUMBER
8. ADDRESS (STREET, CITY, STATE, ZIP)		9. TELEPHONE NUMBER
10. OFFICE TELEPHONE	11. CELL PHONE	

12. NUMBER OF ASSISTANT BEHAVIOR ANALYSTS YOU SUPERVISE INCLUDING THIS APPLICANT

**SECTION III - PROFESSIONAL SETTING - TO BE COMPLETED BY SUPERVISOR**

13. WILL THE SUPERVISEE CONSULT AND MEET WITH SUPERVISOR AS REQUIRED IN 20 CSR 2063-5.010?

14. DATE SUPERVISION BEGAN OR WILL BEGIN

As supervisor I confirm that I have read and understand 20 CSR 2063-5.010 Supervision of Assistant Behavior Analysts in its entirety. I understand that I have the overall responsibility for providing the necessary supervision to protect the health and welfare of the patient/client receiving treatment from an assistant behavior analyst.

15. SIGNATURE

**SECTION IV - SIGNATURES**

I hereby affirm that the foregoing information which has been supplied is true and accurate to the best of my knowledge, information and belief. I further affirm that if the supervision agreement is changed in any way, I will immediately notify the Behavior Analyst Advisory Board.

16. SUPERVISOR SIGNATURE

I hereby affirm that the foregoing information which has been supplied is true and accurate to the best of my knowledge, information and belief. I further affirm that if the supervision agreement is changed in any way, I will immediately notify the Behavior Analyst Advisory Board.

17. SUPERVISEE SIGNATURE